

LIMITATIONS

1. Inpatient Hospital Services

Payment for sterilization procedures can only be made if the person is at least 21 years of age, is mentally competent, is not institutionalized and a departmental consent form is properly completed at least 30 days, but not more than 180 days, prior to the procedure.

Hysterectomy services can be considered for payment only if a Medical assistance Hysterectomy Statement has been completed on or before the date of the procedure.

Payment not made for inpatient hospital services related to elective surgery performed for cosmetic purposes only.

2a. Outpatient Hospital Services

Payment not made for hospital outpatient emergency room or clinic visits.

Payment for sterilization procedures can only be made if the person is at least 21 years of age, is mentally competent, is not institutionalized and a departmental consent form is properly completed at least 30 days, but not more than 180 days, prior to the procedure.

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LIMITATIONS

4c. Family Planning Services and Supplies

Sterilization procedures limited to those individuals who are 21 years of age or older, are mentally competent, not institutionalized and a departmental consent form has been properly completed at least 30 days, but not more than 180 days, prior to the procedure.

5a. and 5b. Physicians' Services and Medical and Surgical Services Furnished by a Dentist.

Physician services for sterilization procedures limited to those individuals who are 21 years of age or older, are mentally competent, not institutionalized and a departmental consent form has been properly completed at least 30 days, but not more than 180 days, prior to the procedure.

Payment for surgical procedures of a cosmetic nature can only be considered for payment when performed for a functional purpose.

Payment made for visits to patients residing in group care facilities limited to a maximum of six patients treated on the same day.

Payment made for office visits by a family limited to a maximum of three family members treated on the same day.

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6.b. Optometrists' Services

Optometrists' Services are limited to one refractive eyecare exam every two years.

7.d. Physical Therapy, Occupational Therapy and Speech Pathology Services

Limited to physical therapy, occupational therapy or speech pathology services when provided by a home health agency.

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# OFFICIAL

## LIMITATIONS

Attachment 3.1-B  
Supplement to Page 4

9. Clinic Services

Ambulatory Surgical Centers limited to performing ambulatory surgical procedures as promulgated by HCFA; and must be licensed as Freestanding Ambulatory Surgical Centers by the Rhode Island Department of Health.

10. Dental Services

Orthodontic services limited to eligible individuals under age 21 who participate in the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) Program and present severe dental deformities and/or marked functional impairments. Bridgework, root canal therapy for bicuspid and molars, jacket crowns, orthognathic surgery or extensive periodontal surgery are not covered.

12.a. Prescribed Drugs

Limited to certain drugs prescribed by a licensed physician (Doctor of Medicine or Doctor of Osteopathy), dentist or podiatrist and dispensed by a registered pharmacist in a licensed pharmacy. Such drugs are those recognized in the current U. S. Pharmacopeia, National Formulary, any supplement of these compendia and the Pharmacy Manual entitled "Provision for the Purchase of Drugs through the Rhode Island Medical Assistance Program."

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*Official*

## LIMITATIONS

Attachment 3.1-B  
Supplement to Page 5

12C. Prosthetic Devices:

Medically Needy

No Payment is made for hearing aids or molded shoes.

13D. Rehabilitative Services

1. Day Treatment Services for the Mentally Retarded and Developmentally Disabled

Limited to day treatment services for individuals with developmental disabilities provided in facilities or programs licensed and certified by the Rhode Island Department of Mental Health, Retardation and Hospitals. Such services include assistance with activities of daily living and prevocational services and exclude special education and related services that otherwise are available to the individual through a local educational agency and vocational rehabilitation services that otherwise are available through a program funded by the Rehabilitation Act of 1973. These services are available to individuals with developmental disabilities who do not have an ICF-MR level of care determination .

2. Community Mental Health Services

Limited to community mental health services provided by community mental health centers and other qualified providers of mental health services which are licensed by the Rhode Island Department of Mental Health, Retardation, and Hospitals, and provide services under contract to the Division of Mental Health in accordance with the Rules, Regulations, and Standards for Licensing of Mental Health Facilities and Programs.

Definition of Community Mental Health Services

Community mental health services refer to those services provided with the primary purpose of diagnosis, treatment, or rehabilitation of a mental disorder, or a dysfunction related to a mental disorder, limited to psychiatric rehabilitation day programs, crisis intervention services, and clinicians' services as defined below. All services are reimbursable only when provided in accordance with a treatment plan approved by a licensed physician or other licensed practitioner of the healing arts, excluding crisis intervention services, which may be recommended by the mental health professional or physician on duty during the rises.

A. Psychiatric Rehabilitation Day Program

A psychiatric rehabilitation day program may be composed of the following components:

- i. Medication Program: A program providing for the prescription and administration of medication, primarily psycho tropic in nature, for the purpose of mitigating or eliminating symptoms of mental illness. Said program shall include periodic medication reviews which shall examine as required:

13d. Rehabilitative Services (continued)

- a) the reason for prescribing each medication; b) whether the medication is effective in treating the client; c) whether the prescribed dosage is the minimum required to effectively treat the client; d) any signs of side effects and the treatment prescribed to address the side effects; e) all medication that the client is currently taking, including those of a non-psychotropic nature, to ensure that the mixture of medications is reasonable and safe. Said program and program staff must comply with the Rules, Regulations and Standards for Licensing of Mental Health Facilities and Programs
- ii. The Structured Therapeutic Program: a program that may include any or all of the following as determined to be medically necessary by inclusion in the client's individual treatment plan as approved by a physician or other licensed practitioner of the healing arts: occupational therapy; development and maintenance of necessary community and daily living skills including grooming, personal hygiene, cooking, nutrition, health and mental health education, money management and maintenance of the living environment; development of appropriate personal support networks; structured socialization activities to diminish tendencies towards isolation and withdrawal; development of the basic language skills necessary to enable the client to function independently; training in appropriate use of community services; physical therapy; expressive therapy.

B. Crisis Intervention Services

Short term emergency mental health services, available on a twenty-four hour basis, seven days a week. These services shall include, but not be limited to, evaluation and counseling; medical treatment, including prescribing and administering medications, and intervention at the site of the crisis when clinically appropriate.

C. Clinician's Services

Clinical diagnostic and treatment services to individuals with mental or emotional disorders, the individuals' families, and others with significant ties to the clients. Services include, but are not limited to, assessment and evaluation; psychological and neuropsychological assessment and evaluation; individual, family, couple, and group therapy; medication treatment and review. With the

13d. Rehabilitative Services (continued)

exception of medication treatment and review, clinicians services do not include those services that are part of another community mental health service, such as psychiatric rehabilitation program components, crisis intervention services, or services defined as case management under the case management option of the state plan.

D. Residential Treatment Programs

These programs consist of the provision of a twenty-four hour supervised treatment program that is designed to provide the necessary support and address the treatment, rehabilitation and individual care needs of mentally ill individuals residing in facilities with less than 17 beds. Services include, but are not limited to, counseling (individual, group and family), medication (education, administration and monitoring), and skill assessment and development.

E. Community Psychiatric Supported Treatment

Community Psychiatric Supported Treatment (CPST) provided to community-based clients and collaterals by professional mental health staff in accordance with an approved treatment plan for the purpose of insuring the client's stability and continued community tenure by monitoring and providing medically necessary interventions to assist them to manage the symptoms of their illness and deal with their overall life situations, including accessing needed medical, social, educational and other services necessary to meeting basic human needs.

3. Intensive Community-Based Treatment - Children Intensive Service Program

Limited to Intensive Community-Based Treatment provided by those agencies licensed approved by the Rhode Island Department of Children, Youth and Families to provide Childrens Intensive Services.

A. Definition of Service

The Childrens Intensive Services Program is designated to provide the necessary support and treatment to a child or adolescent and family (substitute or natural) to allow the family to remain intact, thus preventing the need for long-term residential or hospital psychiatric care on the part of the young person. Services include, but are not limited to, assessment and evaluation, family therapy, medical treatment and pharmacotherapy, intervention with schools, recreational activities, individual counseling and psychotherapy, group therapy, and intervention with child welfare, juvenile justice, local police, and other systems affecting the youth. Service is rendered in the natural environment of the youth and family, as well as in office settings. Frequency of contact is determined by the level of need exhibited by the family, with an average case requiring approximately 5 hours of a clinician's time per week.

LIMITATIONS**13.d Rehabilitative Services (continued)****B. Eligible Clients**

Services are available to Medical Assistance eligible individuals who meet the following criteria:

- i. Must be eligible for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, and;
- ii. Must be severely emotionally or behaviorally disturbed as determined by the service provider, and confirmed by the Department for Children and Their Families, Division of Children's Mental Health Services; or solely as determined by the Department of Children and Their Families, Division of Children's Mental Health Services.

**4. SUBSTANCE ABUSE TREATMENT SERVICES****A. Assessment**

In order to qualify for Medical Assistance authorized substance abuse treatment, a client must have an evaluation of at least 60 to 90 minutes duration which includes a comprehensive biopsychosocial assessment designed to determine the client's substance abuse history, diagnosis according to the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), treatment needs, readiness for treatment, and recommended level of care according to the American Society of Addiction Medicine Patient Placement Criteria - 2nd Edition (ASAM-PPC-2).

**B. Outpatient Counseling Services**

Refers to those services provided with a primary purpose of evaluation, treatment and rehabilitation of problems directly related to substance abuse which are provided in an ambulatory treatment setting licensed by the Department of Mental Health, Retardation and Hospitals (DMHRH). Services are reimbursable only when client meets ASAM PPC-2 criteria for this level of care and services are provided in accordance with a treatment plan approved by the program's clinical director. Covered services include:

1. Individual Counseling: a counseling session of 50 to 60 minutes duration involving a person with a primary substance abuse diagnosis according to the latest version of the DSM.
2. Group Counseling: counseling session of 50 to 60 minutes duration involving four (4) or more unrelated persons with a primary substance abuse diagnosis according to the latest version of the DSM.
3. Family Counseling: counseling session of 50 to 60 minutes duration involving the person with a primary substance abuse diagnosis and persons related to the primary client through blood - children, parents or siblings; or marriage - spouse and step children, or spousal equivalent, and all of whom reside at the same residence, are temporarily residing apart, or are in close personal contact.
4. Significant Other Counseling: counseling session of 50 to 60 minutes duration involving a person related to a person with a substance abuse related disorder through blood - children, parents or siblings; or marriage - spouse and step children, or spousal equivalent, and who reside at the same residence, are temporarily residing apart, or are in close personal contact.



LIMITATIONS13.d Rehabilitative Services (continued)C. Day/Evening Treatment

Refers to those services provided with a primary purpose of evaluation, intensive treatment and rehabilitation of problems directly related to substance abuse which are provided in an ambulatory treatment setting licensed by the DMHRH. Services are reimbursable only when client meets ASAM PPC-2 criteria for this level of care and services are provided in accordance with a treatment plan approved by the program's clinical director. At a minimum, the client must receive treatment lasting four or more hours per day, four or more days per week.

D. Residential Programs

Residential Programs are non-hospital community based substance abuse treatment facilities licensed by the DMHRH which provide 24 hour care including room and board, rehabilitative services, psychological support, and social guidance and peer support.

Services consist of the provision of twenty-four hour supervised treatment that is designed to provide the necessary support and address the substance abuse treatment needs of individuals with substance abuse problems. Covered services include rehabilitation, mental health, child-care, and care coordination services, provided to residents by qualified staff carrying out a written plan of care. Services are reimbursable only when client meets ASAM PPC-2 criteria for this level of care and services are provided in accordance with a treatment plan approved by a physician or the program's clinical director. A program may be reimbursed for up to two residential counseling sessions per day.

E. Narcotic Treatment

Include those services provided for the purpose of treating clients with opiate dependency. Narcotic treatment services include a range of rehabilitative services including counseling in conjunction with the administration of an approved pharmacological intervention, e.g. methadone/LAAM. Services are provided in outpatient treatment setting licensed by the DMHRH. Services are reimbursable only when client meets ASAM PPC-2 criteria for this level of care and services are provided in accordance with a treatment plan approved by a program clinical director.

F. Detoxification Services:

Services are reimbursable only when client meets ASAM PPC-2 criteria for this level of care and services are provided in accordance with a treatment plan approved by a physician.

1. Residential Medically and Non-Medically Monitored

Programs which are licensed by the DMHRH to provide twenty-four hour residential detoxification services in a non-hospital setting.

2. Drug-Free Outpatient Detoxification

Programs which are licensed by the DMHRH to provide outpatient ambulatory non-methadone detoxification services.

3. Narcotic Outpatient Detoxification

Programs which are licensed by the DMHRH to provide outpatient ambulatory narcotic detoxification services.

II. Covered Settings

Eligible services must be provided by facilities and programs licensed by the DMHRH to provide substance abuse treatment services or narcotic treatment services.

Licensed facilities and programs must meet the requirements of the Rhode Island Rules and Regulations and Standards for Licensing of Substance Abuse Treatment Programs.

LIMITATIONS**13.d Rehabilitative Services (continued)****III. Reimbursement Schedule**

1. Reimbursement for services provided to eligible Medical Assistance recipients is contained in a rate schedule covering all authorized services. Reimbursement for any service is deemed to be full and total payment.
2. Client co-payments are not permitted unless established in the Medical Assistance rate schedule for substance abuse services.

**IV. Transfers Between Programs**

Transfers between treatment programs must be authorized on a prior approval basis by the DMHRH, Division of Substance Abuse and are limited to the following situations:

1. client moves to a new residence for which an alternate treatment site provides better access and improves the likelihood of retention in treatment;
2. client faces change in the availability of transportation which results in an alternate treatment site being more appropriate;
3. client has change in employment in which an alternate treatment site is more accessible or;
4. client has an illness which results in an alternate treatment site being more appropriate.

**V. Dual Enrollment**

Clients enrolled in a narcotic treatment program may in limited circumstances be enrolled in a second modality when clinically appropriate and authorized on a prior approval basis.

Application for dual enrollment must be a joint request submitted by the two programs in writing to the DMHRH, Division of Substance Abuse. The application must be made on a form approved by the Division.

Concurrent enrollment is limited to the following situations:

- \* narcotic treatment and residential treatment
- \* narcotic treatment and day/evening treatment

An authorization for dual enrollment expires when the client is discharged from either of the applicant programs.

**VI. Prior Authorization required for more than:**

1. Outpatient - 30 billable counseling sessions per calendar year.
2. Day/Evening Treatment - 60 billable treatment days per calendar year.
3. Residential - 60 consecutive days of treatment per calendar year.

**5. MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS****Definition of Mental Health Services for Children and Adolescents**

Mental Health Services for children and adolescents refer to those services provided with the primary purpose of diagnosis, treatment, or rehabilitation of a mental disorder, or a dysfunction related to a mental disorder. All services are